

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581331

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	<i>22</i>					
4	<i>22</i>					
5	<i>1</i>					
6	<i>1</i>					
7						
8	<i>22</i>					
9	<i>22</i>					
10	<i>22</i>					
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TOTAL IND.	<i>2</i>					
TOTAL DEP.	<i>13</i>					
TOTAL CLAIMS	<i>15</i>					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						